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Insurance Rates

Active Employees - Insurance Eligible Premium Rates 2000

Important Reminder: Payroll deductions for the insurance plans will be made each payday, a total of 26 paydays per Calendar Year. Premiums listed reflect the bi-weekly payroll deduction. Actual premium deduction may vary by 1 or 2 cents due to rounding.

The following medical insurance plan costs include the cost of the Managed Mental Health Substance Abuse Program.

Medical Insurance Plan Costs

	County Contribution 75% to 100% Of Full Time	Employee Cost Of Full Time	County Contribution 50% to 74% Of Full Time	Employee Cost Of Full Time
CIGNA HealthCare With Basic SightCare Benefit				
Employee Only	\$ 76.86	\$ 2.37	\$ 49.96	\$ 29.28
Employee plus Spouse	\$131.59	\$ 31.58	\$ 85.53	\$ 77.64
Employee plus Child(ren)	\$122.02	\$ 26.48	\$ 79.31	\$ 69.18
Employee plus Spouse & Child(ren)	\$167.29	\$ 50.75	\$108.75	\$109.30
CIGNA HealthCare With Optional Enhanced SightCare Benefit				
Employee Only	\$ 77.75	\$ 2.40	\$ 50.54	\$ 29.61
Employee plus Spouse	\$132.88	\$ 31.82	\$ 86.37	\$ 78.33
Employee plus Child(ren)	\$123.14	\$ 26.63	\$ 80.05	\$ 69.73
Employee plus Spouse & Child(ren)	\$169.12	\$ 51.28	\$109.93	\$110.47
HealthSelect				
Employee Only	\$ 76.86	\$ 0.00	\$ 76.86	\$ 0.00
Employee plus Spouse	\$131.59	\$ 15.26	\$131.59	\$ 15.26
Employee plus Child(ren)	\$122.02	\$ 11.89	\$122.02	\$ 11.89
Employee plus Spouse & Child(ren)	\$167.29	\$ 32.67	\$167.29	\$ 32.67

You must have a "Qualified Family Status Change" as defined by the Internal Revenue Service under the Section 125 Code in order to change your medical, dental or reimbursement accounts after January 1, 2000. Please review the "Mariplan Brochure" for further information on how to make changes to your insurance plans during the course of the plan year.

Dental Insurance Benefits Costs

	Bi-weekly County Contribution	Bi-weekly Employee Cost
United Dental		
Employee Only	\$ 1.71	\$ 1.71
Employee plus Spouse	\$ 3.77	\$ 3.77
Employee plus Child(ren)	\$ 3.88	\$ 3.88
Employee plus Spouse & Child(ren)	\$ 5.06	\$ 5.06
Delta Dental		
Employee Only	\$ 4.67	\$ 4.67
Employee plus Spouse	\$ 10.30	\$ 10.30
Employee plus Child(ren)	\$ 11.12	\$ 11.12
Employee plus Spouse & Child(ren)	\$ 14.30	\$ 14.30

Short Term Disability Plan Costs

Paid by Employee

Bi-weekly Rate Multiple of Pay

Multiply Your Bi-weekly Base Pay By The Following Rate:

Option 1: 40% of Bi-weekly Base Salary (\$2,000 maximum benefit)*	0.0040
Option 2: 50% of Bi-weekly Base Salary (\$2,000 maximum benefit)	0.0050
Option 3: 60% of Bi-weekly Base Salary (\$2,000 maximum benefit)	0.0060
Option 4: 70% of Bi-weekly Base Salary (\$2,000 maximum benefit)	0.0070

* Closed to new employees effective 1/1/2000.

Basic Life Insurance Costs

Basic Life

1X Salary up to \$40,000 **Paid by Maricopa County**

Supplemental Life Insurance/AD&D Costs

Supplemental Term Life Insurance

Paid by Employee.

Terminal Illness; Portability ; Accidental Death & Dismemberment (AD&D)

Paid by Employee. When you are first hired, you can elect 1,2,3 or 4 Times Annual Salary up to \$300,000 (\$500,000 with approved medical evidence). You may increase your coverage by one level during open enrollment without providing evidence of good health. Cost per \$1,000 of coverage and by age as of birthday month:

	2000 Bi-weekly per \$1,000 of Coverage Smoker	2000 Bi-weekly per \$1,000 of Coverage Non-Smoker
Under age 25	\$0.046154	\$0.032308
25-29	\$0.050769	\$0.036923
30-34	\$0.055385	\$0.046154
35-39	\$0.092308	\$0.050769
40-44	\$0.129231	\$0.064615
45-49	\$0.249231	\$0.110769
50-54	\$0.443077	\$0.198462
55-59	\$0.461538	\$0.253846
60-64	\$0.706154	\$0.424615
65-69	\$0.863077	\$0.600000
70 and Older	\$1.416923	\$1.116923

Dependent Life Insurance Costs

Paid by Employee

	Option One	Option Two
Spouse	\$5,000	\$10,000
Children (age 14 days to 19 years 25 years if full time student)	\$2,500	\$5,000
Bi-weekly employee cost:	\$0.54	\$1.09

2000 COBRA RATES

MEDICAL PLANS

CIGNA Healthplan	
Type of coverage	Monthly Premium (including a 2% administrative fee)
Employee Only	\$175.46
Employee and Spouse	\$361.22
Employee and Children	\$328.68
Family	\$482.76

Health Select	
Type of coverage	Monthly Premium (including a 2% administrative fee)
Employee Only	\$ 170.13
Employee and Spouse	\$ 324.39
Employee and Children	\$ 295.83
Family	\$ 441.72

DENTAL PLANS

DELTA DENTAL	
Type of coverage	Monthly Premium (including a 2% administrative fee)
Employee Only	\$20.61
Employee and Spouse	\$45.50
Employee and Children	\$49.14
Family	\$63.19

UNITED DENTAL	
Type of coverage	Monthly Premium (including a 2% administrative fee)
Employee Only	\$7.56
Employee and Spouse	\$16.65
Employee and Children	\$17.14
Family	\$22.36

Questions	Answers
What is COBRA?	COBRA is an acronym for “the Consolidated Omnibus Budget Reconciliation Act of 1986 (Federal law). This law allows an individual to continue their health, dental or medical reimbursement account plans for a limited time (in most cases eighteen months) after termination of employment.
When will my coverage end?	Coverage ends on the last day of the pay period that premium was paid or the last day of the pay period the termination occurs whichever comes first.
Will there be a break in my coverage?	Not as long as you complete your COBRA enrollment form and return your completed form back to the COBRA administration (AEI) within the sixty-day time period allowed under the law. AEI will communicate this date to you when you receive your COBRA enrollment information.
What if I only want to enroll in medical and not dental or vice versus?	You and each one of your dependents who were covered while you were actively employed can pick and choose the benefit you wish to continue.
Can everyone enroll in COBRA?	The law permits some exceptions to COBRA coverage. For example, if you are Medicare eligible, you may not enroll in COBRA.
How do I get my COBRA notice?	Records will change your employment status from active to inactive. Once this is done, a tape is electronically transmitted to AEI who will then forward a COBRA notice to you at the address listed on payroll.
Who is the COBRA Administrator?	Administrative Enterprises, Inc (AEI). They can be reached by calling (602)-789-1170.
If I am a new retiree, can I enroll onto Cobra and after the 18 months-allowed return to Maricopa County coverage?	No, once you have left Maricopa County medical insurance coverage you are not allowed to return.

RETIREE RATES FOR 2000

CIGNA HEALTHPLAN

COVERAGE		
CODE	RATE	
9208	477.47	Retiree POS – Not Medicare eligible
9204	477.47	Retiree POS - Medicare eligible
9300	89.22	Retiree HMO - Medicare eligible
9203	965.72	Retiree & Dependent POS – Not Medicare eligible
9205	965.72	Retiree & Dependent POS - Medicare eligible
9301	178.44	Retiree & Dependent HMO - Medicare eligible
9206	965.72	Retiree POS – Not Medicare eligible: Dependents POS – Medicare eligible
9400	577.47	Retiree POS – Not Medicare eligible: Dependents HMO– Medicare eligible
9207	965.72	Retiree POS - Medicare eligible: Dependents POS – Not Medicare eligible
9401	577.47	Retiree HMO - Medicare eligible: Dependents POS – Not Medicare eligible
OUT OF AREA		
9500	960.42	Retiree – Not Medicare eligible
9501	960.42	Retiree - Medicare eligible
9502	2069.22	Retiree & Dependent – Not Medicare eligible
9503	2069.22	Retiree & Dependent - Medicare eligible
9504	2069.22	Retiree– Not Medicare eligible: Dependents– Medicare eligible
9505	2069.22	Retiree– Not Medicare eligible: Dependents– Not Medicare eligible

HEALTHSELECT HEALTHPLAN

COVERAGE		
8900	252.30	Retiree
8901	493.90	Retiree & Spouse
8902	468.72	Retiree & Children
8903	690.96	Retiree & Family
RETIREE OR SPOUSE 65 AND OLDER		
8904	159.37	Retiree
8905	308.83	Retiree & Spouse
8906	293.12	Retiree & Children
8907	431.75	Retiree & Family
RETIREE (AND SPOUSE) MEDICARE A & B		
8820	29.58	Retiree
8821	59.16	Retiree & Spouse